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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where uppropriate. All further correspondence including the Patent, dayance orders and notification of maintenance fees will be mailed to the current correspondence address as address as ordered selection directed otherwise fields: In Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for domestic mailings of the

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03/27/2007 7590

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(A) NAME OF ASSIGNEE

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(Denositor's name) (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,395	04/01/2004	Marcus Braun	04265398	7589
TILE OF INVENTION: SURGICAL INSTRUMENT				

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/27/2007		
EXAN	INER	ART UNIT	CLASS-SUBCLASS	1				
TOY,	ALEX B	3739	606-001000					
FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. The control of			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attorn vely, c firm (having as a memb agent) and the names of u meys or agents. If no nam	era 2	1 Mayer, Brown, Rove + May LLF 2		
ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type	ne)				
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. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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